

00684.003279



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: D. Ben Esplin
Chidane OUCHI)	
	:	Group Art Unit: 2851
Application No.: 09/986,323)	
	:	Confirmation No.: 5126
Filed: November 8, 2001)	
	:	
For: EXPOSURE APPARATUS AND DEVICE)	January 16, 2004
MANUFACTURING METHOD USING THE	:	
SAME)	

Mail Stop RCE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to further examination on the merits, please amend the above-identified application
as follows:

00684.003279.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
Chidane OUCHI)	Examiner: D. Ben Esplin
Application No.: 09/986,323)	Group Art Unit: 2851
Filed: November 8, 2001)	Confirmation No.: 5126
For: EXPOSURE APPARATUS AND DEVICE)	January 16, 2004
MANUFACTURING METHOD USING THE)	
SAME)	

Mail Stop RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

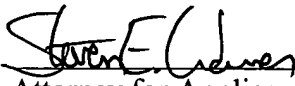
☒ No additional fee is required.

The fee has been calculated as shown below:

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13	MINUS	20	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	1	MINUS	3	= 0	x \$42 \$84	\$0.00
Fee for Multiple Dependent claims \$140/\$280						\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 CFR 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a two month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Steven E. Warner
Registration No. 33,326

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200
SEW/eab

DC_MAIN 129018v1